



MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION

Bureau of Insurance

Bureau of Insurance, 34 State House Station, Augusta ME 04333

Tel: 800-300-5000 (in state) or 207-624-8475

FAX: 207-624-8599

www.MaineInsuranceReg.org

HOW TO FILE A COMPLAINT WITH THE MAINE BUREAU OF INSURANCE

To file an insurance complaint with the Maine Bureau of Insurance, please complete both sides of the last two pages of this form. The complaint form, signed by the insured, contract owner, or authorized representative (i.e. power of attorney, parent, legal guardian), authorizes the Bureau to investigate your complaint and provides basic information that we will use to investigate your complaint. If additional space is needed, please use a separate sheet of paper.

Once completed, detach the complaint form and mail to:

Bureau of Insurance
34 State House Station
Augusta ME 04333

You may also file a complaint electronically by visiting the website indicated above.

INSTRUCTIONS FOR FILING A COMPLAINT

Please Provide Us With Details of Your Complaint:

- Tell us what happened, who was involved, and why you think the company is wrong.
- Have you tried to resolve this problem? If so, please give us the details.
- What do you want the company to do?

When filing your complaint, please be sure to attach copies (not originals) of applicable documents, such as:

- Letters you have written to the insurance company or agent concerning your complaint;
- Letters the insurance company or agent has written to you;
- Records explaining how benefits were calculated;
- A copy of your insurance policy or certificate of coverage;
- A copy of any insurance illustrations or marketing material presented to you by the agent or company;
- Property loss forms, vehicle appraisals, police reports;
- Any additional information you feel might be pertinent to the complaint.

How the Bureau of Insurance Handles Your Complaint	Issues We May Not be Able to Resolve
<p>When we receive your completed complaint form, your complaint will be assigned to an investigator who will contact you by mail at the beginning of their investigation.</p> <p>A copy of your complaint will be sent to the company you are complaining about. We will ask them to send us a written response to the issues you raised with supporting documentation.</p> <p>By law, any person or company we license must respond to us within 14 days. (We allow the company an additional three days for mailing time.) If we don't receive a timely response, we send out a follow-up letter by certified mail. However, the company may ask for an extension if their response requires additional investigation.</p> <p>The length of an investigation depends on how complicated the issues are. The investigation may require follow-up letters and phone calls. The investigator will advise you of their conclusions once the investigation has been completed.</p> <p>The Bureau is able to help in many but not all cases. We're proud of our track record and are committed to doing a thorough investigation on your behalf. Our duty is to enforce the insurance laws and regulations of this state.</p> <p>Please note that the Bureau does not have the authority to order the payment of monetary judgments, although in some instances, we may order restitution for violations of the Insurance Code.</p>	<p>Some health plans are regulated by federal rather than state law. The Bureau has no authority over federally regulated plans. These include health plans such as U.S. government health plans, including Medicare parts A & B, MaineCare (Medicaid) and employer self-funded health plans (ERISA plans).</p> <p style="text-align: center;"><u>We Cannot:</u></p> <ul style="list-style-type: none"> • Force the company to satisfy you if no laws have been broken. • Act as your lawyer or give you legal advice. • Resolve a dispute when the only evidence is your word against the word of the company. • Make medical judgements. <p style="text-align: center;"><u>Consumer Tips:</u></p> <ul style="list-style-type: none"> • Understand your coverage and call your insurer if you have any questions. • If your health plan requires referrals, make sure to get a referral from your Primary Care Provider. Contact your insurer before you receive the referred services to verify they have received the request and approved the referral. • Keep a file with all your insurance records. • Take notes when you talk to the company; write down the date, time, and name of the person you talk to whenever you call someone with a question or a complaint.

INSURANCE COMPLAINT FORM

Please print, type, or write clearly

Type of Policy (Please check all that apply):

☐ ANNUITY ☐ CREDIT INSURANCE ☐ DISABILITY INSURANCE ☐ HEALTH/MEDICAL
☐ LIFE INSURANCE ☐ LONG TERM CARE ☐ PROPERTY & CASUALTY (i.e. Auto or Homeowner)
☐ WORKERS COMPENSATION ☐ VIATICAL ☐ OTHER (please describe) _____

PLEASE PRINT

1. CONSUMER or BUSINESS INFORMATION Mr. ☐ Mrs. ☐ Ms. ☐

Name: First Middle Last Telephone number

Business Name (required for workers compensation complaints)

Mailing Address City State Zip

2. INSURANCE INFORMATION

Name of insurance company the complaint is against

Street Address (if known) City State Zip

Policy, Certificate, or ID Number Claim Number (if known)

3. AGENT INFORMATION (if applicable)

Name: First Middle Last Telephone number

Mailing Address City State Zip

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



I hereby authorize that any hospital, physician, other health care provider, person, or company regulated by the Maine Bureau of Insurance may provide the Bureau with any medical information or records needed by the Bureau to investigate my complaint. I specifically authorize release of information about mental health and substance abuse treatment as needed to investigate this complaint. If this complaint concerns a self-funded (ERISA) plan, I further authorize the Bureau to forward my complaint to the U.S. Department of Labor, Office of Pension and Welfare Benefits. I further authorize the Bureau to forward my entire complaint package to another State Insurance Department if the matter falls within their jurisdiction. This authorization remains in effect 24 months from the date the authorization is signed or until I revoke it in writing.

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Bureau of Insurance, 34 State House Station, Augusta ME 04333